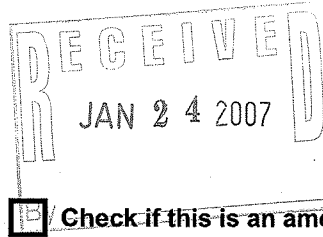


**FINANCIAL DISCLOSURE STATEMENT**

State Form 40876 (R10 / 7-06)

OFFICE OF THE INSPECTOR GENERAL

IC 4-2-6-8



For the calendar year

2006

☒ Check if this is an amendment to your current statement.

Please read guidelines on page 4.

Name (last) Carter	Name (first) Stephen	Name (middle)
Spouse's name (last) Carter	Name (first) Marilyn	Name (middle)
Office address (number and street) Govt Ctr South, 5th fl, 302 W Washington Street	City Indianapolis	ZIP code 46204
Office telephone number (317) 232-4866	Email address (required) rhonda.burris@atg.in.gov	

I am filing this statement as a: (please select one) <input type="checkbox"/> Candidate for office <input checked="" type="checkbox"/> Incumbent officeholder <input type="checkbox"/> State employee	
Office or agency Office of Attorney General	Job title Attorney General

EACH PART MUST BE ANSWERED. WORDS IN **BOLD ITALICS** ARE INCLUDED IN THE DEFINITIONS.

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PART 1 - GIFTS		
List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (\$100).		
Name (last) N/A	Address (city)	ZIP code
Name (last)	Address (city)	ZIP code
Name (last)	Address (city)	ZIP code

If you have information to report below, select YES. If no information, select NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 2 - REAL PROPERTY INTERESTS	
List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.	
Property and its location Lot in Washington Township, Marion County	
Property and its location	
Property and its location	

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART 3 - NON-STATE EMPLOYERS	
List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.	
Your employer N/A	Nature of business
Spouse's employer N/A	Nature of business

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE	
List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.	
Name of your business N/A	Nature of business
Name of spouse's business	Nature of spouse's business
Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.	

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART 5 - PARTNERSHIPS	
List any partnership in which you or your spouse is a member and the nature of the partnership business.	
Name of partnership N/A	Nature of partnership
Name of spouse's partnership	Nature of spouse's partnership

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART 6 - OFFICER OR DIRECTOR OF CORPORATION	
List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.	
Name of corporation N/A	Nature of business
Name of spouse's corporation	Nature of spouse's business

If you have information to report below, select YES. If no information, select NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PART 7 - STOCKHOLDER OF CORPORATION			
List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.			
Name of corporation Eli Lilly & Co.; Microsoft; Immtech, Inc.	Your's X	Spouse's	Children's
Name of corporation McGraw-Hill; Biomet		X	
Name of corporation			

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PART 8 - MOST RECENT EMPLOYER			
List the name and address of your most recent former employer.			
Name of your most recent former employer None since 1999	Street address (number and street)		
	City	State	ZIP code

COMMENTS

Please place any comments in the fields below.

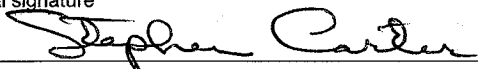
AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than **ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000).** I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature



Date signed (month, day, year)

1-24-07

Mail or deliver to the following address:

Office of the Inspector General
150 West Market Street, Suite 414
Indianapolis IN 46204-2026
Telephone: (317) 232-3850